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APPLICANTS
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**** CONTINUING DATA ******* *NONE TP*

**** FOREIGN APPLICATIONS ******* *NONE TP*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **
**** 05/09/2001**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 3
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Verified and Acknowledged *[Signature]* *TP*
 Examiner's Signature Initials

ADDRESS
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TITLE
 Low-pass filter usable with caller ID device

FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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